

## PART B - FEE(S) TRANSMITTAL

Complete and send this form together with applicable fee(s), to: **Mail** Mail Stop ISSUE FEE  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, Virginia 22313-1450**  
**or Fax** (571)-273-2885

**INSTRUCTIONS:** This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected elsewhere or indicated otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

27367 7590 05/17/2006

WESTMAN CHAMPLIN & KELLY, P.A.  
 SUITE 1400  
 900 SECOND AVENUE SOUTH  
 MINNEAPOLIS, MN 55402-3319

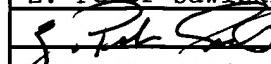
07/13/2006-WABDELR3-00000049-231123\_10681480

01 FC:2501 700.00-DA  
 02 FE:1504 300.00-DA

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

### Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Z. Peter Sawicki	(Depositor's name)
	(Signature)
July 10, 2006	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/681,480	10/08/2003	Todd M. Bjork	M81.12-0065	7467

TITLE OF INVENTION: SURGICAL CLAMP  
 07/13/2006 WABDELR3 00000050 10681480

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700	\$300	\$1000	08/17/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
RAMANA, ANURADHA	3733	600-230000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	1WESTMAN, CHAMPLIN & 2KELLY, P.A. 3
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### 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Minnesota Scientific, Inc.

White Bear, Minnesota, USA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are enclosed:

- Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s):

- A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 23-1123 (enclose an extra copy of this form).

### 5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature



Date July 10, 2006

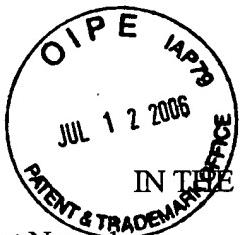
Typed or printed name

Z. Peter Sawicki

Registration No. 30,214

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named  
Inventor : Todd M. Bjork et al.

Appln. No.: 10/681,480

Filed : October 8, 2003

For : SURGICAL CLAMP

Docket No.: M81.12-0065

Batch No:

Allowed: May 17, 2006

Group Art Unit: 3733

Examiner:

A. Ramana

**CERTIFICATE OF MAILING**

**Mail Stop Issue Fee**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Submitted herewith is our Credit Card Payment Form (PTO-2038) to cover the payment of the Issue Fee and Publication Fee in the amount of \$1,000.00 in the above-identified application.

In the event the attached Credit Card Payment Form is unacceptable, or is omitted, or if there are any additional fees associated with this application, please charge the required fee or credit any overpayment to Deposit Account No. 23-1123.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on July 10, 2006.

Respectfully submitted,

WESTMAN, CHAMPLIN & KELLY, P.A.

By:

  
Z. Peter Sawicki, Reg. No. 30,214  
900 Second Avenue South, Suite 1400  
Minneapolis, Minnesota 55402-3319  
Phone: (612) 334-3222 Fax: (612) 334-3312

**FEE TRANSMITTAL**

JUL 12 2006 For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT**

(\$ 1000)

Complete if Known	
Application Number	10/681,480
Filing Date	October 8, 2003
First Named Inventor	Todd M. Bjork et al.
Examiner Name	3733
Art Unit	A. Ramana
Attorney Docket Number	M81.12-0065

**\*METHOD OF PAYMENT** (Check all that apply)

Check  Credit Card  Money Order  None  Other (Please Identify): \_\_\_\_\_

Deposit Account - Deposit Account Number: 23-1123 Deposit Account Name: Westman, Champlin and Kelly

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayment of fee(s)  Credit any overpayments  
under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Small Entity</u>		<u>Small Entity</u>		<u>Small Entity</u>		
	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent

<u>Small Entity</u>
Fee (\$)

50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

200 100

Multiple dependent claims

360 180

Total Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

Multiple Dependent Claims

0

- 20 or HP =

0

x

25

=

0

Fee (\$)

Fee (\$)

180

0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims

Extra Claims

Fee (\$)

Fee Paid (\$)

0

- 3 or HP =

0

x

100

=

0

HP = highest number of independent claims paid for, if greater than 3

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets

Extra Sheets

Number of each additional 50 or fraction thereof

Fee (\$)

Fee Paid (\$)

0

- 100 =

0

/ 50 =

0

(round up to a whole number) x

125

= 0

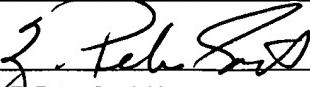
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Issue Fee and Publication Fee

1000

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	30,214	Telephone: 612-334-3222
Name (Print/Type)	Z. Peter Sawicki		Date: 